

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2		1		1		
3	2			1		
4	2			1		
5				1		
6				1		
7				1		
8	1		1	1		
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←	7	←	←	←	←
TOTAL CLAIMS		8				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	8	←	←	←	←
TOTAL CLAIMS						

BEST AVAILABLE COPY